



**LONG BEACH POLICE DEPARTMENT
COMMUNITY POLICE ACADEMY**

APPLICATION

NAME: _____

ADDRESS: _____
City Zip Code

WORK ADDRESS: _____
City Zip Code

TELEPHONE #: _____
Home Work

DRIVER'S LICENSE #: _____ **STATE:** _____ **EXP. DATE:** _____

SOCIAL SECURITY #: _____ **OCCUPATION:** _____

I consent to a record check and will complete a Livescan* examination (fingerprint) to determine eligibility for the Long Beach Community Police Academy. If accepted as a student, I agree to abide by all rules, regulations, and to have no more than two absences during the fifteen week class schedule.

(Please sign your name)

Date: _____

*To be administered by the Long Beach Police Department

I learned of the Community Police Academy from _____

I am interested in attending the Community Police Academy because _____

Mail application to: Long Beach Police Academy
7290 E. Carson Street – Attn: Community Academy Coordinator
Long Beach, CA 90808